

09/20/99

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Form for new nonprovisional applications under 37 CFR 1.53(b)

Attorney Docket No.

9350-0136-0

First Inventor or Application Identifier

9350-0136-0

Title

AMINO ACID COMPOSITION FOR HEMODIALYSIS

U.S. PTO
09/20/99
65/09/60**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification Total Pages **20**
3. ☒ Drawing(s) (35 U.S.C. 113) Total Sheets **3**
4. ☐ Oath or Declaration Total Pages
 - a. ☐ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 C.F.R. §1.63(d))
(for continuation/divisional with box 15 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named
in the prior application, see 37 C.F.R. §1.63(d)(2) and
1.33(b).
5. ☐ Incorporation By Reference (usable if box 4B is checked)
The entire disclosure of the prior application, from which a copy of
the oath or declaration is supplied under Box 4B, is considered to be
part of the disclosure of the accompanying application and is hereby
incorporated by reference therein.

ACCOMPANYING APPLICATION PARTS

6. ☐ Assignment Papers (cover sheet & document(s))
7. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
8. ☐ English Translation Document (if applicable)
9. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
10. ☐ Preliminary Amendment
11. ☒ White Advance Serial No. Postcard
12. ☐ Small Entity Statement(s) ☐ Statement filed in prior application. Status still proper and desired.
13. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
14. ☐ Other:

15. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.:

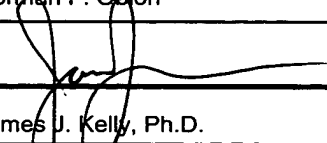
Prior application information:

Examiner:

Group Art Unit:

16. Amend the specification by inserting before the first line the sentence:

☐ This application is a ☐ Continuation ☐ Division ☐ Continuation-in-part (CIP)
of application Serial No. Filed on☐ This application claims priority of provisional application Serial No. Filed**17. CORRESPONDENCE ADDRESS**OBLON, SPIVAK, MCCLELLAND, MAIER & NEUSTADT, P.C.
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Docket No.

935-0136-0

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICATION IDENTIFIER 9350-0136-0

SERIAL NO: New Application

FILING DATE: Herewith

FOR: AMINO ACID COMPOSITION FOR HEMODIALYSIS

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	19 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	× \$78 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$260 =	\$0.00
<input checked="" type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$130.00
BASIC FEE				\$760.00
TOTAL OF ABOVE CALCULATIONS				\$890.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
TOTAL				\$890.00

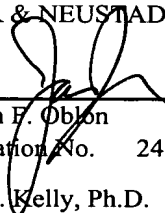
- ☐ Please charge Deposit Account No. 15-0030 in the amount of _____ A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of **\$890.00** to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

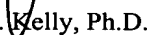
Respectfully Submitted,

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